

# Montana Department of Corrections Offender Management Information System (OMIS)

The main profile screen serves as the main page or home page for the application.

OMIS
MONTANA DEPARTMENT OF CORRECTIONS  
OMIS - TEST [Probation and Parole Desktop]

Offender
Supervision Tools
Victim Services
Reports
Desktops
CIA746
OMIS Admin

**Offender Information**

**Photo:** 04/06/2015

**Name:** DOE, JANE    **DOC ID:** 48000    **DOB:** 01/01/1990    **Gender:** FEMALE

**Current Location:** MONTANA WOMENS PRISON

**Sexual Offender:** NO    **Violent Offender:** NO

**Correctional Status:** SECURE    **Status Date:** 03/16/2015

**Commit Type:** NO DATA FOUND    **ADA Accommodations:** No

**Probation Discharge Date:** NO DATA FOUND

**SSN:**

**Profile**

Address	1 Court Cases	1 Numbers	0
Alerts	0 Current Offense	1 Officer	0
Assessments	2 DNA Test	0 Other Photos	0
Associates	0 Education	0 Registered Victims	0
Basic Info	1 Employment	0 Religious Preference	0
Birth Dates	1 Family	0 Scars, Marks	0
Cautions	0 Gang	0 Substance Test	0
Chronological Notes	2 Location	2 Tier Designation	0
Commit Status	0 Military	0 Vehicle	0
Correctional Status	2 Name	1 Warrants	0

Back
Change Offender:

Example of physical location data

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**Offender Information**

Photo: 04/06/2015  
 Name: DOC, JANE DOC ID: 40000 DOB: 01/01/1990 Gender: FEMALE  
 Current Location: MONTANA WOMENS PRISON  
 Sexual Offenders: NO Violent Offender: NO  
 Correctional Status: SECURE Status Date: 03/16/2015  
 Commit Type: NO DATA FOUND ADA Accommodations: No  
 Probation Discharge Date: NO DATA FOUND  
 SSN:

**Location History Listing**

	Body Location Description	Reason	Begin Date	Begin Time	End Date	Days
	GLENDIVE PROBATION AND PAROLE	Returned to Supervision	12/30/2013	09:00		849
	DAWSON COUNTY JAIL	Parole Hold	12/27/2013	13:30	12/30/2013	3
	GLENDIVE PROBATION AND PAROLE	Returned to Supervision	04/03/2013	08:00	12/27/2013	268
	HELENA PRE RELEASE CENTER	Program Placement	10/02/2012	09:00	04/03/2013	183
	NEXUS	Returned to Program Placement	02/05/2012	12:34	10/02/2012	240
	BILLINGS CLINIC	Admission for Medical care	02/03/2012	23:15	02/05/2012	2
	NEXUS	Program Placement	11/29/2011	07:55	02/03/2012	66
	MONTANA STATE PRISON	Return From Hospital	08/15/2011	18:20	11/29/2011	106
	DEER LODGE MEDICAL CENTER	Admission for Medical care	08/15/2011	03:50	08/15/2011	0
	MONTANA STATE PRISON	Prison Placement	02/02/2011	16:00	08/15/2011	194
	CUSTER COUNTY JAIL	Pending Transport to Prerelease/Treatment Center/CR	01/03/2011	08:00	02/02/2011	30
	GLENDIVE PROBATION AND PAROLE	Diversion Fail	10/20/2008	15:00	03/02/2009	133

The Offender Management Plan tracks programming and offender goals.

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**Offender Information**

**Photo:** 04/06/2015

**Name:** DOE, JANE **DOC ID:** 48000 **DOB:** 01/01/1990 **Gender:** FEMALE  
**Current Location:** MONTANA WOMENS PRISON  
**Sexual Offender:** NO **Violent Offender:** NO  
**Correctional Status:** SECURE **Status Date:** 03/16/2015  
**Commit Type:** NO DATA FOUND **ADA Accommodations:** No  
**Probation Discharge Date:** NO DATA FOUND  
**SSN:**

**Requirements/Goals**

Goal	Status	Created On	Completed On
COMPLETE CHEMICAL DEPENDENCY TREATMENT	ASSIGNED	02/18/2011	
COMPLETE SUBSTANCE ABUSE EVAL	COMPLETE	10/02/2012	
COMPLETE MENTAL HEALTH EVAL	COMPLETE	10/02/2012	
COMPLETE G.E.D.	COMPLETE	10/02/2012	01/30/2014

**Program Enrollment Listing**

**EDUCATIONAL**

Program Name	Referenced Goal	Program Status	Action Date
GED PROGRAM	COMPLETE G.E.D.	PREVIOUSLY COMPLETED	
<b>Component Name</b>		<b>Component Status</b>	
G.E.D Language Arts, Reading		COMPLETE	06/11/2001
G.E.D Mathematics		COMPLETE	06/11/2001
G.E.D Social Studies		COMPLETE	06/11/2001
G.E.D. Language Arts, Writing		COMPLETE	06/11/2001
G.E.D. Science		COMPLETE	06/11/2001
<b>Program Name</b>	<b>Referenced Goal</b>	<b>Program Status</b>	
CHEMICAL DEPENDENCY	COMPLETE SUBSTANCE ABUSE EVAL	COMPLETE	

**SAMPLE SOCIAL HISTORY AND RECOMMENDATIONS**  
**IN THE YOUTH COURT OF A JUDICIAL DISTRICT OF THE STATE OF**  
**MONTANA IN AND FOR A COUNTY IN MONTANA**

\*\*\*\*\*

IN THE MATTER OF:

*John Doe*

A YOUTH

Cause No:

Probation Officer:

Date:

\*\*\*\*\*

**YOUTH INFORMATION**

**Name:** John Doe

**Address:**

**Birth Date:**

**Grade:**

**PARENT(S)/LEGAL GUARDIAN(S)**

**Mother's Name:**

**Address:**

**Father's Name:**

**Address:**

**CURRENT SITUATION**

Information on the youth's current criminal offenses.

**FAMILY BACKGROUND**

Information on the youth's family, including where and with whom the child has lived in recent years.

**YOUTH COURT OFFENSE HISTORY**

Offense Date	Offense	Violation	Date	Status	Disposition
	This section lists all offenses the youth has committed, including probation violations.				

**PLACEMENTS**

Name of Facility	Placement Date	Discharge Date	Placement Days
This section lists juvenile correctional and mental health treatment facilities in which the youth has been placed while under youth court jurisdiction.			1

**SERVICES**

Service	Service Provider	Start Date	End Date	Completed
This section lists the types of treatment services the youth has received while under youth court jurisdiction.				

**EDUCATION INFORMATION**

Current Grade Level	Name of School	Current Status

Special Ed?

Is an Individual education Plan (IEP) in Place?

Date of last IEP:

Disabilities:

School History

Grades	School Name	Location

Comments: Additional comments related to the youth's school situation can be added here.

**HEALTH AND MENTAL HEALTH INFORMATION**

Does Youth have a Mental Health Diagnosis?

Primary Diagnosis:

Secondary Diagnosis:

Evaluation Date

By:

Sexual Abuse History?

Physical Abuse History?

History of Illness and Health?

Medications?

Comments:

Currently in Treatment?

Prior Treatment?

Prior Self-Harm?

**CHEMICAL DEPENDENCY HISTORY**

Has CD Evaluation been Completed?

Date Completed:

By:

Diagnosis:

Level of Care Recommended:

Comments:

**Drug Test History:** Information on total number of drug tests and number of positive drug tests.

**Positive Tests:**

Date	Type of drug found

**Additional Comments:** Additional detail on chemical dependency history can be added here.

**RATIONALE FOR RECOMMENDATIONS**

This section explains the reasons for the recommendations made in the section below.

**RECOMMENDATIONS**

This section contains all placement and treatment recommendations for the youth, as well as any conditions to be imposed on the youth after discharge from the placement or treatment

Respectfully Submitted,

\_\_\_\_\_  
Probation Officer #1

\_\_\_\_\_  
Date

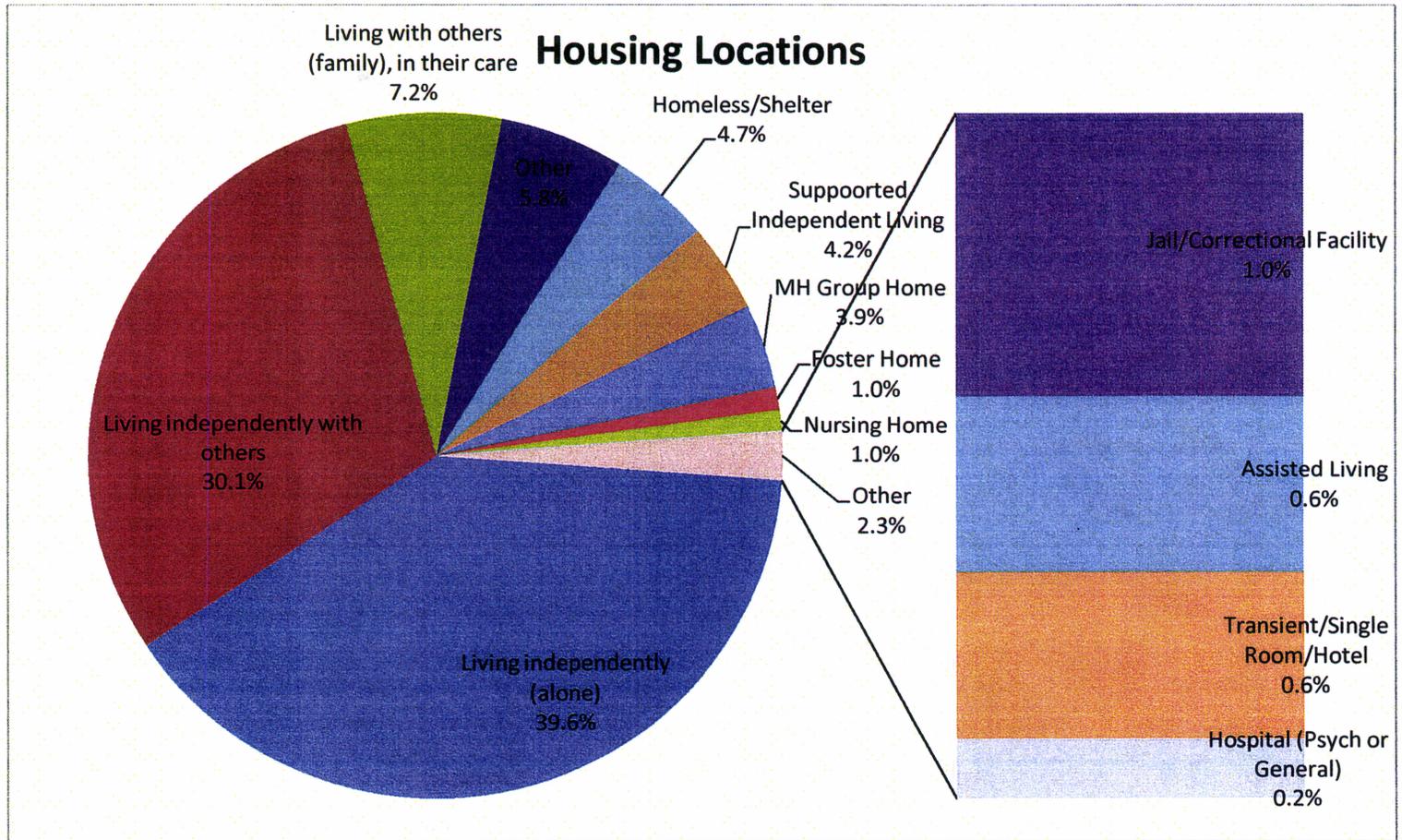
\_\_\_\_\_  
Probation Officer #2

\_\_\_\_\_  
Date

**Mental Health Investment Outcome Update**  
 Addictive & Mental Disorders Division  
 September 14<sup>th</sup>, 2015

**Recovery Marker Information:**

Below indicates the 2014 recovery marker records which include a total of 13,358 case management client records.

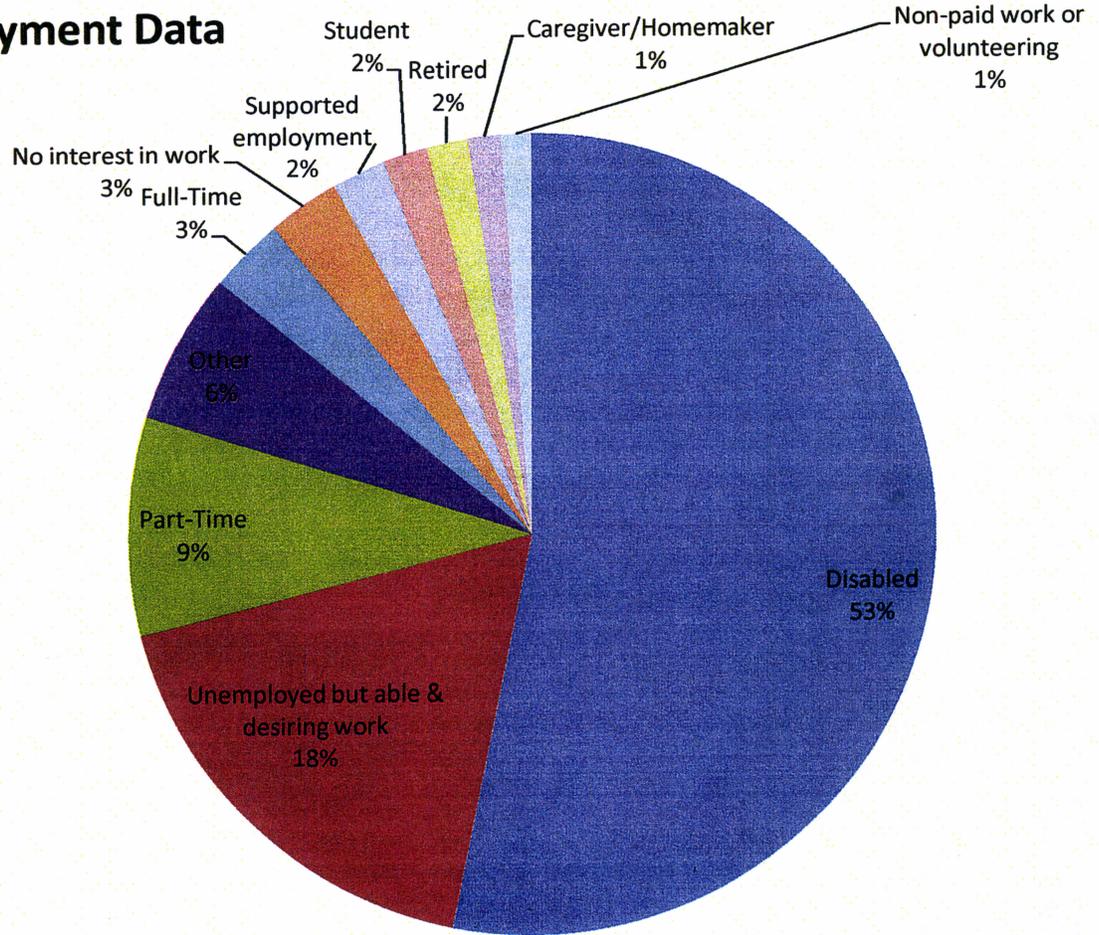


Three-fourths of adult case management clients were living independently (74%). Forty percent lived alone, and 30% lived independently with others, and the remaining 4% were living independently through Supported Independent Living services. Five percent were homeless/transient during one or more quarters of FY2014. Four percent of these clients were MSH inpatients for some time in FY14, and 10% had a recorded criminal justice incident (some involving incarceration). Most of the remaining clients were living in a dependent care situation, including family (7%), nursing home (1%), foster home (1%), and mental health group home (4%)

**Housing Changes from FY13 to FY14:**

- Living independently alone decreased by 1%
- Living in the care of family increased by 1%

## 2014 Employment Data



A total of 15% of the clients were employed; 53% of the clients were too disabled to work; 18% were unemployed but able and desiring work; 3% had no interest in working. Six out of 8 providers had a 1%-3% increase in the percent employed compared with FY2013.

### Symptom Interference Data:

*Note: Data below includes only those case management records with symptom interference data, which includes 6,853 records.*

## Average Symptom Interference

